



Choose One	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Substance Use Disorder (SUD)
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Choose One:	<input type="checkbox"/> Detox	<input type="checkbox"/> IP	<input type="checkbox"/> Residential	<input type="checkbox"/> OP Out of Network
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Pre-Service Non-Urgent/Standard

Pre-Service Administratively Urgent

(Services which do not meet the definition of Medically Urgent, however, are deemed to be time sensitive by one or more of the affected parties.)

Pre-Service Medically Urgent/Expedited

(Medically Urgent—In the opinion of the attending physician, there is a risk to the member’s life, serious bodily injury or pain that cannot otherwise be managed.)

PATIENT DEMOGRAPHICS

Patient Name:	Date of Birth:	
Member ID:	Phone Number:	
Street Address:		
City:	State:	Zip Code:

REFERRING PROVIDER INFORMATION

Provider Name:	Phone #:		
Street Address:	Fax #:		
City:	State:	Zip Code:	
Provider #:	Tax ID #:	NPI:	Specialty:

REFERRED TO PHYSICIAN/FACILITY/PROVIDER INFORMATION

Referred To:	Phone #		
Street Address:	Fax #		
City:	State:	Zip Code:	
Provider #:	Tax ID #:	NPI:	Specialty:

REQUEST INFORMATION *****PLEASE INCLUDE H&P WITH ALL AVAILABLE DOCUMENTATION*****

Date(s) of Service:	# of Visits:
CPT Code(s) and Description:	
ICD Diagnosis Code(s) and Description:	

Additional Information:

Form Submitted By:

Name:	Phone:	Fax:
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The completed form can be faxed to: 608-252-0830.

If you have any questions regarding the services or form, please contact our Customer Care Center at 833-942-2159 or see information at the [Medica Medical Management site](#).

Requests to non-plan providers must be approved prior to obtaining services.